

DOCKET FILE COPY ORIGINAL

*Redacted*

# Oklahoma Western Telephone Company

P.O. BOX 399

CLAYTON, OK. 74536

(918) 569-4111

Received & Inspected

OCT 17 2013

October 14, 2013

FCC Mail Room

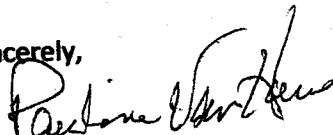
Mr. Charles Tyler  
Telecommunications Access Policy Division, Room 5-A452  
Federal Communications Commission  
445 12<sup>th</sup> Street, SW  
Washington, D.C. 20554

RE: CONFIDENTIAL FINANCIAL INFORMATION  
SUBJECT TO PROTECTIVE ORDER IN WC DOCKET  
NOS. 10-90, 07-135, 05-337, 03-109, CC DOCKET  
NOS. 01-92, 96-45, GN DOCKET NO. 09-51, WT  
DOCKET NO. 10-208, BEFORE THE FEDERAL  
COMMUNICATIONS COMMISSION

**To Whom It May Concern:**

Please find attached with this letter two copies of the redacted Form 481, with redacted attachments, filed on behalf of our company. All information in this filing is considered confidential and to be treated in accordance with the protective order issued by the FCC (DA 12-1857) related to the dockets listed above. An un-redacted copy, stamped confidential, has been sent to the Secretary's office. This information has also been filed with our state commission and electronically submitted, and certified, with the Universal Service Administration Company. If you have any questions or concerns with the attachments, please contact Charles Curtis at [Charles.curtis@contaegis.com](mailto:Charles.curtis@contaegis.com) or by phone at 252-514-2203.

Sincerely,



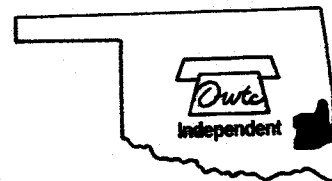
Pauline Van Horn

Cc: file

No. of Copies rec'd  
List ABCDE

0+1

REDACTED - FOR PUBLIC INSPECTION



FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3050-0062/OMB Control No. 3050-0015 July 2013
---	--	--

<010> Study Area Code	432014	Received & Inspected  OCT 17 2013  FCC Mail Room
<015> Study Area Name	OKLAHOMA WESTERN TEL	
<020> Program Year	2014	
<030> Contact Name: Person USAC should contact with questions about this data	Stephanie Curtis	
<035> Contact Telephone Number: Number of the person identified in data line <030>	252-514-2203	
<039> Contact Email Address: Email of the person identified in data line <030>	stephanie@contaegis.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.512 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report			
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<input type="text" value="0"/> (attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile	<input type="text" value="0.0"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text" value="0.0"/>		
<450> Mobile	<input type="text" value="0.0"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)		
<510> <input type="text"/>	(attached descriptive document)		
<600> Functionality in Emergency Situations	(check to indicate certification)		
<610> <input type="text"/>	(attached descriptive document)		
<700> Company Price Offerings (voice)	(complete attached worksheet)		
<710> Company Price Offerings (broadband)	(complete attached worksheet)		
<800> Operating Companies and Affiliates	(complete attached worksheet)		
<900> Tribal Land Offerings (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)		
<1000> Voice Services Rate Comparability	(check to indicate certification)		
<1010> <input type="text"/>	(attach descriptive document)		
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	
<1110>	(complete attached worksheet)		
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)		<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**  
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

## (100) Service Quality Improvement Reporting Data Collection Form

<010>	Study Area Code	432014
<015>	Study Area Name	OKLAHOMA WESTERN TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaejis.com
<110>	Has your company received its ETC certification from the FCC?	<input checked="" type="radio"/> (yes / no )
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no )

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How (USF) was used to improve service quality  
 <116> How (USF) was used to improve service coverage  
 <117> How (USF) was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3050-0819  
July 2013

432014

OKLAHOMA WESTERN TEL

2014

Stephanie Curtis

30> 252-514-2203

30> stephanie@contaeqis.com

See attached worksheet --

**1990 Price Offerings Including Voice Rate Data  
Data Collection Form**

FCC Form 474

OMB Control No. 3063-0285/OMB Control No. 3050-0019  
JUN 2018

<010>	Study Area Code
-------	-----------------

432014

Study Area Name
-----------------

OKLAHOMA WESTERN TEL

<020>	Program Year
-------	--------------

2014

<030>	Contact Name - Pe
-------	-------------------

Stephanie Curtis

	Contact Telephone Number - Number of person identified in data line <030>
<035>	

52-514-2203

Contact Email Address - Email Address of person identified in data line <030>

[ephanie@contaegis.com](mailto:ephanie@contaegis.com)

1/1/2013	
----------	--

	Residential Local Service Charge Effective Date	Single State-wide Residential Local Service Charge
<701>		
<702>		

[illegible]

FCC Form 483  
OMB Control No. 3060-0986/OMB Control No. 3050-0819  
July 2013

432014

OKLAHOMA WESTERN TEL

2014

Stephanie Curtis

252-514-2203

stephanie@contaeqis.com

**Table 1**

<711>

-- See attached worksheet --	
------------------------------	--

1998

~~See attached worksheet --~~

**(900) Tribal Lands Reporting  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0386 / OMB Control No. 3060-0319  
July 2013

<010>	Study Area Code	432014
<015>	Study Area Name	OKLAHOMA WESTERN TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaeigis.com

<910> Tribal Land(s) on which ETC Serves

Choctaw Nation

<920> Tribal Government Engagement Obligation

Tribal Letter

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select (Yes, No, NA)	
Yes	<921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
Yes	<922> Feasibility and sustainability planning;
Yes	<923> Marketing services in a culturally sensitive manner;
Yes	<924> Compliance with Rights of way processes
Yes	<925> Compliance with Land Use permitting requirements
Yes	<926> Compliance with Facilities Siting rules
Yes	<927> Compliance with Environmental Review processes
Yes	<928> Compliance with Cultural Preservation review processes
Yes	<929> Compliance with Tribal Business and Licensing requirements.



**(1100) No Terrestrial Backhaul Reporting  
Data Collection Form**

Form 483  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	432014
<015>	Study Area Name	OKLAHOMA WESTERN TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaeigis.com

☐

Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☒

Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

**(1200) Terms and Condition for Lifeline Customers**  
**Lifeline**  
**Data Collection Form**

FCC Form 481  
 OMB Control No. 3060-0986/OMB Control No. 3060-0819  
 July 2013

<b>&lt;010&gt;</b>	Study Area Code	432014
<b>&lt;015&gt;</b>	Study Area Name	OKLAHOMA WESTERN TEL
<b>&lt;020&gt;</b>	Program Year	2014
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaeigis.com

<b>&lt;1210&gt;</b>	Terms & Conditions of Voice Telephony Lifeline Plans	Lifeline
<b>&lt;1220&gt;</b>	Link to Public Website	Name of attached document (.pdf) HTTP

"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<b>&lt;1221&gt;</b>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<b>&lt;1222&gt;</b>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<b>&lt;1223&gt;</b>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation  
Data Collection Form  
Including Rate of Return Carrier affiliated with Price Cap Local Exchange Carriers

FCC Form 487  
OMB Control No. 3050-0085/OMB Control No. 3050-0819  
July 2013

<010>	Study Area Code	432014
<015>	Study Area Name	OKLAHOMA WESTERN TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaeigis.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, Frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011>	3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
--------	---	--------------------------

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017>	3rd Year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th Year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached PDF, on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information
--------	--	--

2008) Rate Of Return Survey Additional Information  
Data Collection Form  
ECC Form 487  
OMB Control No. 3045-0067 DATE COLLECTED No. 3050-0005  
July 2013

432014  
Study Area Code  
Study Area Name OKLAHOMA WESTERN TEL  
Program Year 2014  
Contact Name Stephanie Curtis  
Contact Telephone Number Number of person identified in data line <030> 252-514-2203  
Contact Email Address Email Address of person identified in data line <030> stephanie@contaeqis.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

Progress Report on 5 Year Plan	Name of Attached Document Listing Required Information
(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
(3011) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> (Yes/No) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
(3012) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit.	OPERATINGREPORT2012 <input type="checkbox"/> (Yes/No) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(3013) If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
(3014) Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/> <input type="checkbox"/>
(3015) Attach the worksheet listing required information	<input type="checkbox"/>

<b>Certification - Reporting Carrier</b> <b>Data Collection Form</b>	<b>FCC Form 483</b> <b>DMP Control No. 3060-0985/DMS Control No. 3060-0913</b> <b>July 2013</b>
---	---

<010>	Study Area Code	432014
<015>	Study Area Name	OKLAHOMA WESTERN TEL
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035>	Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039>	Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaegis.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	OKLAHOMA WESTERN TEL
Signature of Authorized Officer:	CERTIFIED ONLINE Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	432014 Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	PER Form 481 OMB Control No. 3060-0480/CAIS Control No. 3060-0510 APR 2013
---	--

<010> Study Area Code	432014
<015> Study Area Name	OKLAHOMA WESTERN TEL
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Stephanie Curtis
<035> Contact Telephone Number - Number of person identified in data line <030>	252-514-2203
<039> Contact Email Address - Email Address of person identified in data line <030>	stephanie@contaegis.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<b>Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: OKLAHOMA WESTERN TEL	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: 432014	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

<b>Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier</b>	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: OKLAHOMA WESTERN TEL	
Name of Authorized Agent or Employee of Agent: Pauline Van Horn	
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE	Date: _____
Printed name of Authorized Agent or Employee of Agent: Pauline Van Horn	
Title or position of Authorized Agent or Employee of Agent: Chairperson	
Telephone number of Authorized Agent or Employee of Agent: 918-569-4111	
Study Area Code of Reporting Carrier: 432014	Filing Due Date for this form: 10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

***REDACTED-FOR PUBLIC INSPECTION***

Attachments

# REDACTED-FOR PUBLIC INSPECTION

(000) Operating Companies  
Data Collection Form

REC Form 481  
OMB Control No. 3040-0936/OMB Control No. 3040-0815  
July 2013

432014

<010> Study Area Code

<015> Study Area Name OKLAHOMA WESTERN TEL

<020> Program Year 2014

<030> Contact Name - Person USAC should contact regarding this data Stephanie Curtis

<035> Contact Telephone Number - Number of person identified in data line <030> 252-514-2203

<039> Contact Email Address - Email Address of person identified in data line <030> stephanie@contaeigis.com

<810> Reporting Carrier Oklahoma Western Telephone Company

<811> Holding Company

<812> Operating Company

<813>

<a1>

Affiliates

<a2>

SAC

<a3>

Doing Business As Company or Brand Designation

Oklahoma Western Telephone Company

439024

Oklahoma Western Cellular



**REDACTED-FOR PUBLIC INSPECTION**

*Oklahoma Western Telephone Company*

P.O. BOX 399

CLAYTON, OK. 74536

(918) 569-4111

September 24, 2013

Chief Gregory Pyle  
Choctaw Nation of Oklahoma  
P.O. Box 1210  
Durant, OK 74702-1210

RE: 2013 Consultation

Dear Chief Pyle:

We would like to formally engage the Choctaw Nation in communications as required by the FCC regarding Oklahoma Western Telephone Company's operations. If you are interested, we would like to discuss at a minimum the following issues: (1) a needs assessment and deployment planning with a focus on tribal community anchor institutions; (2) feasibility and sustainability planning; (3) marketing services in a cultural sensitive manner; (4) rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes; and (5) compliance with tribal business and licensing requirements.

I would like to schedule a meeting with tribal representatives to discuss the issues listed above and any other concerns you may have regarding the telecommunications services being provided by Oklahoma Western Telephone Company. Please provide a list of potential dates and times when Tribal representatives would be available to meet. Feel free to contact me at (918) 569-4111 or via e-mail at [pvanhorn@pisp.net](mailto:pvanhorn@pisp.net).

We appreciate your help and look forward to your reply.

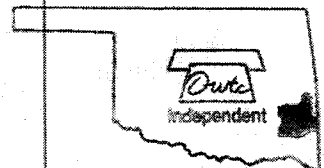
Sincerely,



Pauline Van Horn  
President

JFL/jfl

cc: ACRS  
File



# **REDACTED-FOR PUBLIC INSPECTION**

September 24, 2013

Chief Gregory Pyle  
Choctaw Nation of Oklahoma  
P.O. Box 1210  
Durant, OK 74702-1210

RE: 2013 Consultation

Dear Chief Pyle:

We would like to formally engage the Choctaw Nation in communications as required by the FCC regarding Oklahoma Western Telephone Company's operations. If you are interested, we would like to discuss at a minimum the following issues: (1) a needs assessment and deployment planning with a focus on tribal community anchor institutions; (2) feasibility and sustainability planning; (3) marketing services in a cultural sensitive manner; (4) rights of way processes, land use permitting, facilities siting, environmental and cultural preservation review processes; and (5) compliance with tribal business and licensing requirements.

I would like to schedule a meeting with tribal representatives to discuss the issues listed above and any other concerns you may have regarding the telecommunications services being provided by Oklahoma Western Telephone Company. Please provide a list of potential dates and times when Tribal representatives would be available to meet. Feel free to contact me at (918) 569-4111 or via e-mail at pvanhorn@pisp.net.

We appreciate your help and look forward to your reply.

Sincerely,

Pauline Van Horn  
President

JFL/jfl

cc: ACRS  
File

# REDACTED-FOR PUBLIC INSPECTION

OKLAHOMA WESTERN TELEPHONE COMPANY  
Clayton, OK 74536

Original Page 1

## LIFELINE SERVICE

### I. Applicability

- A. Lifeline Service is a telecommunications service assistance program designed to provide eligible residential customers with a credit to be applied to the price of basic local exchange service.
- B. Eligible customers will receive a credit as set forth in Section IV. Lifeline Credits below, to be applied to their basic local exchange access service.
- C. Customers shall not receive more than one Lifeline credit regardless of the number of residential access lines or locations the customer receives service within the State of Oklahoma.
- D. All charges, either recurring or nonrecurring, for any service or feature other than Lifeline Service shall be billed at the tariffed rate.
- E. Lifeline Service shall not be available on a retroactive basis.

### II. Designated Services Available to Lifeline Customers (1)

The following services shall be offered to eligible Lifeline customers:

- 1. Single Party Service
- 2. Local Usage
- 3. Touch Tone Services
- 4. Voice Grade Access to the Public Switched Network
- 5. Access to Emergency Services
- 6. Access to Operator Services
- 7. Access to Interexchange Services
- 8. Access to Directory Assistance
- 9. Availability of Toll Restriction at No Charge (2)

### III. Eligibility Requirements

- A. Customers or applicants seeking a Lifeline service credit must provide documentation to the Company establishing that the customer or applicant meets one or more of the following eligibility requirements prior to receiving the Lifeline service credit.

- (1) Lifeline service may not be disconnected for non-payment of toll charges.
- (2) Eligible customers accepting toll restriction services shall not be required to pay a deposit.

APPROVED

JAN 01 1998

OKLAHOMA WESTERN TELEPHONE COMPANY  
Clayton, OK 74536

Original Page 2

### **LIFELINE SERVICE**

#### **III. Eligibility Requirements (Continued)**

1. The applicant or customer must meet the requirements for eligibility for either Medicaid, Food Stamps, federal public housing, Low-Income Energy Assistance Program, or Supplemental Security Income. Additionally, persons who are eligible recipients of income assistance for Vocational Rehabilitation (including Aid to the Hearing Impaired) are also eligible for the Lifeline Service credit; or
  2. Are eligible for or receive assistance or benefits, as certified by the State Department of Rehabilitation services, under programs providing vocational rehabilitation, including aid to the hearing impaired; or
  3. Are eligible for or receive assistance or benefits, as certified by the Oklahoma Tax Commission, pursuant, pursuant to the Sales Tax Relief Act, section 5011 et seq. of Title 68 of the Oklahoma Statutes.
  4. For federal income tax purposes, the applicant is not a dependant unless over sixty years of age.
- B. The eligibility requirements listed above will be certified to by the applicant or the applicable state agency. The Company assumes no responsibility for the certification of customers or applicants eligibility.
- C. Upon receipt of the applicant's documentation establishing eligibility as stated above, the Company will begin providing the credit.
- D. Lifeline customers are required to provide documentation for the purpose of determining their continuing eligibility for the Lifeline credit, upon request of the Company, no less frequently than annually.
- E. The Lifeline service credit will be discontinued for customers who no longer meet the eligibility requirements for the Lifeline Service credit.

**APPROVED**

JAN 01 1998

# REDACTED-FOR PUBLIC INSPECTION

OKLAHOMA WESTERN TELEPHONE COMPANY  
Clayton, OK 74536

1<sup>st</sup> Revised Page 3

## LIFELINE SERVICE

### IV. Lifeline Credits

	<u>Monthly Credit (1)</u>
1) federal subscriber line charge credit	(2)
2) initial federal credit to residential access line	\$1.75
3) initial state credit to residential access line	\$1.17
4) additional federal credit to residential access line (3)	\$0.58

- (1) Credit amount will not exceed the total of the subscriber line charge and the residential local exchange rate. In no instance will a subscriber's monthly local exchange rate be less than \$2.50 after application of the Lifeline credits.
- (2) Lifeline Service has been certified by the FCC, therefore, eligible Lifeline customers will receive the appropriate waiver of the Subscriber Line Charge (SLC) as specified by the FCC.
- (3) Half of the amount specified on line 3, not to exceed \$1.75.

APPROVED  
DEC 19 2001  
DIRECTOR OF  
PUBLIC UTILITIES

# REDACTED-FOR PUBLIC INSPECTION

OKLAHOMA WESTERN TELEPHONE COMPANY  
Clayton, OK 74536

Second Revised page 4

## LIFELINE SERVICE

### V. Eligibility Requirements for Lifeline Service On Tribal Lands

AT

A. The applicant or customer seeking to obtain Lifeline Service on Tribal Lands (see definition in B.1. below) must demonstrate their current participation in at least one of the following assistance programs. The Applicant or customer shall complete and sign, under penalty of perjury, an authorization and self certification form provided by the Company. The Applicant or customer must check all of the following that apply.

1. Supplemental Nutrition Assistance Program ("SNAP" f/k/a Food Stamps)
2. Temporary Assistance for Needy Families (TANF)
3. Supplemental Security Income (SSI)
4. Medical Assistance (Medicaid/Soonercare)
5. Vocational Rehabilitation (including aid to the hearing impaired)
6. Oklahoma Sales Tax Relief
7. Federal Public Housing Assistance
8. Low Income Home Energy Assistance Program
9. Food Distribution Program on Indian Reservations ("FDPIR")
10. 135% of the Federal Poverty Guidelines
11. Bureau of Indian Affairs general assistance; (1)
12. Temporary Assistance for Needy Families (TANF) tribally-administered block grant programs; (2)
13. Head Start Programs (only applicant or customer who satisfy the income qualifying eligibility provision); or
14. National School Lunch Program (only applicant or customer who satisfy the income standard of the program for free meals).

AT

AT

AT

B. The applicant or customer must also certify:

1. Residence on Tribal Lands as described in Title 25, Code of Federal Regulations, Section 20.1, paragraph (v).
2. Agreement to notify Company if applicant or customer no longer participates in the program or programs described in paragraph 1. above, for which the Applicant or Customer certified their participation in.
3. The applicant must not be a dependent for Federal Income Tax purposes, unless the applicant is over the age of 60.

C. Upon receipt of the completed self certification, Company will begin providing the credit set forth in F. below. Lifeline credits will not be implemented or continued unless telephone service arrangements are and remain, within the Lifeline Service criteria specified above.

- (1) Applicant must "have sufficient resources to meet the basic and special needs defined by the Bureau standard of assistance," 25 C.F.R. § 20.21.
- (2) 42 U.S.C. § 612 and 45 C.F.R. § 286.

Issued: 7-27-2012

Legal Authority: OAC 165:55-5-10(c)

Effective: 8-1-2012

Public Utility Division  
201200197  
Competitive Service Filing

# REDACTED-FOR PUBLIC INSPECTION

OKLAHOMA WESTERN TELEPHONE COMPANY  
Clayton, OK 74536

Third Revised Page 5

## LIFELINE SERVICE

- V. Eligibility Requirements for Lifeline Service On Tribal Lands (Continued) AT
- D. The Lifeline credits will be discontinued upon receipt by the Company of notice by the Customer that they no longer meet the eligibility requirements for the Lifeline credits.
- E. The Lifeline credits will be automatically discontinued unless the customer annually certifies they continue to meet the eligibility requirements for Lifeline credits. All such annual re-self certifications must be submitted to the Company within the time frames determined by the Company.
- F. Lifeline customers will be converted to standard residential service rates once they no longer qualify for Lifeline Service. No service charge will apply for this change in service.

VI. Lifeline Credits on Tribal Lands DT

Lifeline Service on Tribal Lands has been established by the Federal Communications Commission (FCC), therefore eligible Lifeline customers will receive the appropriate credits, depending on the programs the customer participates in, as specified by the FCC in its Twelfth Report and Order entered into in CC Docket No. 96-45 and as set forth below:

- A. If a customer indicates eligibility to receive Lifeline credits as, Supplemental Nutrition Assistance Program ("SNAP" f/k/a Food Stamps), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), Medical Assistance, Vocational Rehabilitation (including aid to the hearing impaired), Food Distribution Program on Indian Reservations ("FDPIR") or Oklahoma Sales Tax Relief Act (68 O.S. §5011, et seq.), then the Customer should receive credits as follows: AT

### Monthly Credit<sup>(1)</sup>

Federal Lifeline Credit:	\$9.25	CR
Oklahoma Universal Service Fund Credit:	\$1.17	CR
Additional Federal Credit to Residential Access Line necessary to reduce customer's bill to \$1.00		

(See footnote (2) below)

- (1) Credit amount will not exceed the total of the subscriber line charge and the residential local exchange rate, less \$1.00. No instance will subscriber's monthly local exchange rate be less than \$1.00 after the application of the Lifeline Credits.
- (2) Eligible customers will also receive an additional reduction off the applicable monthly tariff rate for their local exchange service, not to exceed \$25.00 as specified by the FCC in its Twelfth Report and Order entered in CC Docket No. 96-45.

Issued: 7-27-2012

Legal Authority: OAC 165:55-5-10(c)

Effective: 8-1-2012

Public Utility Division  
201200197  
Competitive Service Filing  
DT

# REDACTED-FOR PUBLIC INSPECTION

OKLAHOMA WESTERN TELEPHONE COMPANY  
Clayton, OK 74536

Second Revised Page 6

## LIFELINE SERVICE

### VI. Lifeline Credits on Tribal Lands (Continued)

DT

- B. If a customer indicates his eligibility to receive Lifeline credits as only one or more of the following: Federal Public Housing Assistance, Low Income Home Energy Assistance Program, Bureau of Indian Affairs general assistance, Temporary Assistance for Needy Families (TANF) tribally administered block grant programs, Head Start Programs (only those meeting its income qualifying eligibility provision), 135% of the Federal Poverty Guidelines or National School Lunch Program (only Applicant or customer who satisfy the income standard of the program for free meals), then the Customer should receive credits as follows:

AT

#### Monthly Credit <sup>(3)</sup>

Federal Lifeline Credit:

\$9.25

CR

Additional Federal Credit to Residential Access Line  
necessary to reduce customer's bill to \$1.00 (See footnote (4) below)

DT

- (3) Credit amount will not exceed the total of the subscriber line charge and the residential local exchange rate less \$1.00. In no instance will a subscriber's monthly local exchange rate be less than \$1.00 after the application of the Lifeline Credits.
- (4) Eligible customers will also receive an additional reduction off the applicable monthly tariff rate for their local exchange service, not to exceed \$25.00 as specified by the FCC in its Twelfth Report and Order entered in CC Docket No. 96-45.

Issued: 7-27-2012

Legal Authority: OAC 165:55-5-10(c)

Effective: 8-1-2012

Public Utility Division  
201200107  
Competitive Service Filing



OKLAHOMA WESTERN TELEPHONE COMPANY  
Clayton, OK 74536

Original Page 1

## Link Up America Assistance for Initiating Service

### I. Applicability

- A. The Link Up America Service Connection Program is a federally sponsored lifeline assistance program designed to make telephone service accessible to low-income residential households who are currently not on the public switched network.
- B. Through the program the Service Charge for the installation of the main residence access line, as described elsewhere in the Company tariffs, will be discounted at the rate of fifty percent, not to exceed \$30.00. The remaining portion of the Service Charge may, at the customer's option be billed in equal increments over a four month period.
- C. The state-specific plan has been named Link Up Oklahoma.

### II. Eligibility Requirements

- A. The following requirements shall be used by the Company to determine the eligibility of a subscriber for Link Up Oklahoma assistance.
  - 1. For federal income tax purposes, the applicant is not a dependant unless over sixty years of age.
  - 2. The applicant must meet the requirements for eligibility for either Food Stamps, Aid to Families with Dependent Children, Medical Assistance or Supplemental Security Income. Additionally, persons who are eligible recipients of income assistance for Vocational Rehabilitation (including Aid to the Hearing Impaired) are also eligible for Link Up Oklahoma assistance.
- B. The eligibility requirements listed above will be certified to by the applicant or the applicable state agency. The Company assumes no responsibility for the certification of customers or applicants eligibility.
- C. Upon receipt of the applicant's documentation establishing eligibility as stated above, the Company will provide the discount, as set forth above.

### III. Link-Up Credit

Half of Service Connection Charge or \$30.00, whichever is less.

APPROVED

JAN 01 1998

# REDACTED-FOR PUBLIC INSPECTION

OKLAHOMA WESTERN TELEPHONE COMPANY  
Clayton, OK 74536

Second Revised Page 2

## Link Up America Assistance for Initiating Service (Continued)

### IV. Link Up America – On Tribal Lands

- A. The Link Up America on Tribal Lands program is available to eligible applicants who certify residence on tribal lands as defined in Title 25, Code of Federal Regulations, Section 20.1, paragraph (v). <sup>(1)</sup>
- B. The applicant or customer seeking to obtain Link Up Service on Tribal Lands credits must demonstrate their current participation in one of the following assistance programs. The Applicant or Customer shall complete and sign, under penalty of perjury, an authorization and self-certification form provided by the Company.
1. Supplemental Nutrition Assistance Program ("SNAP" f/k/a Food Stamps)
  2. Temporary Assistance for Needy Families (TANF)
  3. Supplemental Security Income (SSI)
  4. Medical Assistance
  5. Vocational Rehabilitation (including aid to the hearing impaired)
  6. Oklahoma Sales Tax Relief
  7. Federal Public Housing Assistance
  8. Low Income Home Energy Assistance Program
  9. Food Distribution Program on Indian Reservations ("FDPIR")
  10. 135% of the Federal Poverty Guidelines <sup>(2)</sup>
  11. Bureau of Indian Affairs general assistance; <sup>(3)</sup>
  12. Temporary Assistance for Needy Families (TANF) tribally-administered block grant programs; <sup>(4)</sup>
  13. Head Start Programs (only applicant or customer who satisfy the income qualifying eligibility provision); or
  14. National School Lunch Program (only applicant or customer who satisfy the income standard of the program for free meals).
- C. The applicant must not be a dependent for Federal Income Tax purposes, unless the applicant is over the age of 60 years of age.
- D. The applicant must also certify agreement to notify the Company if the applicant no longer participates in the program or programs described in paragraph 2, above, for which the Applicant certified their participation in.
- E. The service installation charge, as described elsewhere in this tariff, will be a 100% reduction up to \$100.00, including any facilities based charges associated with the extension of lines or construction of facilities needed to initiate service.
- F. The discount will not apply to charges for facilities or equipment on the customer side of the demarcation point.

AT  
AT

- (1) The Company shall have no responsibility for the certification of applicant's or customers eligibility.  
(2) Effective June 1, 2012  
(3) Applicant must "have sufficient resources to meet the basic and special needs defined by the Bureau Standard of assistance," 25 C.F.R. § 20.21.  
(4) 42 U.S.C. § 612 and 45 C.F.R. § 286.

LOCAL EXCHANGE SERVICE

Issued: 3-30-12

Legal Authority: OAC 165:55-5-10(c)

Effective: 4-1-12

Public Utility Division  
201200083  
Competitive Service Filing

# REDACTED-FOR PUBLIC INSPECTION

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0572-0031. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

USDA-RUS

This data will be used by RUS to review your financial situation. Your response is required by 7 U.S.C. 901 et seq. and, subject to federal laws and regulations regarding confidential information, will be treated as confidential.

BORROWER NAME

## OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS

INSTRUCTIONS-Submit report to RUS within 30 days after close of the period.  
For detailed instructions, see RUS Bulletin 1744-2. Report in whole dollars only.

PERIOD ENDING

December, 2012

BORROWER DESIGNATION

### CERTIFICATION

We hereby certify that the entries in this report are in accordance with the accounts and other records of the system and reflect the status of the system to the best of our knowledge and belief.

ALL INSURANCE REQUIRED BY 7 CFR PART 1788, CHAPTER XVII, RUS, WAS IN FORCE DURING THE REPORTING PERIOD AND RENEWALS HAVE BEEN OBTAINED FOR ALL POLICIES.

DURING THE PERIOD COVERED BY THIS REPORT PURSUANT TO PART 1788 OF 7CFR CHAPTER XVII

(Check one of the following)

☒ All of the obligations under the RUS loan documents have been fulfilled in all material respects.

☐ There has been a default in the fulfillment of the obligations under the RUS loan documents. Said default(s) is/are specifically described in the Telecom Operating Report

4/3/2013

DATE

### PART A. BALANCE SHEET

ASSETS	BALANCE PRIOR YEAR	BALANCE END OF PERIOD	LIABILITIES AND STOCKHOLDERS' EQUITY	BALANCE PRIOR YEAR	BALANCE END OF PERIOD
<b>CURRENT ASSETS</b>			<b>CURRENT LIABILITIES</b>		
1. Cash and Equivalents			25. Accounts Payable		
2. Cash-RUS Construction Fund			26. Notes Payable		
3. Affiliates:			27. Advance Billings and Payments		
a. Telecom, Accounts Receivable			28. Customer Deposits		
b. Other Accounts Receivable			29. Current Mat. L/T Debt		
c. Notes Receivable			30. Current Mat. L/T Debt-Rur. Dev.		
4. Non-Affiliates:			31. Current Mat.-Capital Leases		
a. Telecom, Accounts Receivable			32. Income Taxes Accrued		
b. Other Accounts Receivable			33. Other Taxes Accrued		
c. Notes Receivable			34. Other Current Liabilities		
5. Interest and Dividends Receivable			35. Total Current Liabilities (25 thru 34)		
6. Material-Regulated			<b>LONG-TERM DEBT</b>		
7. Material-Nonregulated			36. Funded Debt-RUS Notes		
8. Prepayments			37. Funded Debt-RTB Notes		
9. Other Current Assets			38. Funded Debt-FFB Notes		
10. Total Current Assets (1 Thru 9)			39. Funded Debt-Other		
<b>NONCURRENT ASSETS</b>			40. Funded Debt-Rural Develop. Loan		
11. Investment in Affiliated Companies			41. Premium (Discount) on L/T Debt		
a. Rural Development			42. Reacquired Debt		
b. Nonrural Development			43. Obligations Under Capital Lease		
12. Other Investments			44. Adv. From Affiliated Companies		
a. Rural Development			45. Other Long-Term Debt		
b. Nonrural Development			46. Total Long-Term Debt (36 thru 45)		
13. Nonregulated Investments			<b>OTHER LIAB. &amp; DEF. CREDITS</b>		
14. Other Noncurrent Assets			47. Other Long-Term Liabilities		
15. Deferred Charges			48. Other Deferred Credits		
16. Jurisdictional Differences			49. Other Jurisdictional Differences		
17. Total Noncurrent Assets (11 thru 16)			50. Total Other Liabilities and Deferred Credits (47 thru 49)		
<b>PLANT, PROPERTY, AND EQUIPMENT</b>			<b>EQUITY</b>		
18. Telecom, Plant-in-Service			51. Cap. Stock Outstand. & Subscribed		
19. Property Held for Future Use			52. Additional Paid-in-Capital		
20. Plant Under Construction			53. Treasury Stock		
21. Plant Adj., Nonop. Plant & Goodwill			54. Membership and Cap. Certificates		
22. Less Accumulated Depreciation			55. Other Capital		
23. Net Plant (18 thru 21 less 22)			56. Patronage Capital Credits		
24. TOTAL ASSETS (10+17+23)			57. Retained Earnings or Margins		
			58. Total Equity (51 thru 57)		
			59. TOTAL LIABILITIES AND EQUITY (35+46+58+58)		

Total Equity = 72.61% of Total Assets

**REDACTED-FOR PUBLIC INSPECTION**

USDA-RUS		BORROWER DESIGNATION	
OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS		[REDACTED]	
		PERIOD ENDING December, 2012	
INSTRUCTIONS- See RUS Bulletin 1744-2			
PART B. STATEMENTS OF INCOME AND RETAINED EARNINGS OR MARGINS			
ITEM	PRIOR YEAR	THIS YEAR	
1. Local Network Services Revenues			
2. Network Access Services Revenues			
3. Long Distance Network Services Revenues			
4. Carrier Billing and Collection Revenues			
5. Miscellaneous Revenues			
6. Uncollectible Revenues			
7. Net Operating Revenues (1 thru 5 less 6)			
8. Plant Specific Operations Expense			
9. Plant Nonspecific Operations Expense (Excluding Depreciation & Amortization)			
10. Depreciation Expense			
11. Amortization Expense			
12. Customer Operations Expense			
13. Corporate Operations Expense			
14. Total Operating Expenses (8 thru 13)			
15. Operating Income or Margins (7 less 14)			
16. Other Operating Income and Expenses			
17. State and Local Taxes			
18. Federal Income Taxes			
19. Other Taxes			
20. Total Operating Taxes (17+18+19)			
21. Net Operating Income or Margins (15+16-20)			
22. Interest on Funded Debt			
23. Interest Expense - Capital Leases			
24. Other Interest Expense			
25. Allowance for Funds Used During Construction			
26. Total Fixed Charges (22+23+24-25)			
27. Nonoperating Net Income			
28. Extraordinary Items			
29. Jurisdictional Differences			
30. Nonregulated Net Income			
31. Total Net Income or Margins (21+27+28+29+30-26)			
32. Total Taxes Based on Income			
33. Retained Earnings or Margins Beginning-of-Year			
34. Miscellaneous Credits Year-to-Date			
35. Dividends Declared (Common)			
36. Dividends Declared (Preferred)			
37. Other Debits Year-to-Date			
38. Transfers to Patronage Capital			
39. Retained Earnings or Margins End-of-Period [(31+33+34) - (35+36+37+38)]			
40. Patronage Capital Beginning-of-Year			
41. Transfers to Patronage Capital			
42. Patronage Capital Credits Retired			
43. Patronage Capital End-of-Year (40+41-42)			
44. Annual Debt Service Payments			
45. Cash Ratio [(14+20-10-11) / 7]			
46. Operating Accrual Ratio [(14+20+26) / 7]			
47. TIER [(31+26) / 26]			
48. DSCR [(31+26+10+11) / 44]			

# REDACTED-FOR PUBLIC INSPECTION

<b>USDA-RUS</b>  <b>OPERATING REPORT FOR TELECOMMUNICATIONS BORROWERS</b>	<b>BORROWER DESIGNATION</b> <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div> <b>PERIOD ENDED</b> December, 2012
<b>INSTRUCTIONS – See help in the online application.</b>	
<b>PART I – STATEMENT OF CASH FLOWS</b>	
1. Beginning Cash (Cash and Equivalents plus RUS Construction Fund)	
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>	
2. Net Income	
<i>Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities</i>	
3. Add: Depreciation	
4. Add: Amortization	
5. Other (Explain)	
<i>Changes in Operating Assets and Liabilities</i>	
6. Decrease/(Increase) in Accounts Receivable	
7. Decrease/(Increase) in Materials and Inventory	
8. Decrease/(Increase) in Prepayments and Deferred Charges	
9. Decrease/(Increase) in Other Current Assets	
10. Increase/(Decrease) in Accounts Payable	
11. Increase/(Decrease) in Advance Billings & Payments	
12. Increase/(Decrease) in Other Current Liabilities	
13. Net Cash Provided/(Used) by Operations	
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>	
14. Decrease/(Increase) in Notes Receivable	
15. Increase/(Decrease) in Notes Payable	
16. Increase/(Decrease) in Customer Deposits	
17. Net Increase/(Decrease) in Long Term Debt (Including Current Maturities)	
18. Increase/(Decrease) in Other Liabilities & Deferred Credits	
19. Increase/(Decrease) in Capital Stock, Paid-In Capital, Membership and Capital Certificates & Other Capital	
20. Less: Payment of Dividends	
21. Less: Patronage Capital Credits Retired	
22. Other (Explain)	
23. Net Cash Provided/(Used) by Financing Activities	
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>	
24. Net Capital Expenditures (Property, Plant & Equipment)	
25. Other Long-Term Investments	
26. Other Noncurrent Assets & Jurisdictional Differences	
27. Other (Explain)	
28. Net Cash Provided/(Used) by Investing Activities	
29. Net Increase/(Decrease) in Cash	
30. Ending Cash	

Revision Date 2010